

HOMEOWNER ASSISTANCE PROGRAM

Anti-Fraud, Waste and Abuse Allegation Report

Thank you for helping fight fraud, waste and abuse in the Restore Louisiana Homeowner Assistance Program.

1. V	Vhat type of fraud, waste or ab	use are	you reporting?				
•	Applicant or other person who provided false information to the Program	•	Bribery/Corruption	•	Conflict of Interest	•	Contractor Fraud
	Someone who profited from insider knowledge about the Program		False Claims or False Statements		Other type of fraud, waste (please detail in #2 below)	or abuse	
2. Please describe the incident you are reporting. It is vital to include as much detail as possible. (Add addt'l. pages as needed.)							
3 N-	amo of the parson who allogadly	porfor	mad the suspect activity	-1/2			
3. Name of the person who allegedly performed the suspect activity?							
4. Please provide a way we can locate this person (address, phone, etc.):							
5. When did the suspected activity occur?							
6. How did you learn about the incident you are reporting to us?							
•	Witnessed firsthand	•	Was told by person with firsthand knowledge		Suspected the incident occurred	•	Other
7. Ha	. Have you reported this allegation to another entity for investigation? YES NO						
lf y	If yes, where and when was it reported?						
	3. Do you have any evidence to support this allegation? YES NO Please include copies of any supporting documents with your completed form.						
9. Ple	ease describe the evidence:						
Contact Information (optional) : Although you may remain anonymous, providing us with your contact information may be VITAL to our successful investigation. <u>Your name</u> , <u>contact information</u> , <u>and your allegation will be kept confidential</u> .							
Name:							
Phone	ə:		Email:_				

You have the right to remain anonymous and if you do so, please be sure to give us complete details so we have enough information to investigate this allegation.